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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration  
Submitted  
With Initial  
Filing**OR**Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket Number	MML-2-UTIL
First Named Inventor	Richard Kevin Curlee
<b>COMPLETE IF KNOWN</b>	
Application Number	
Filing Date	
Art Unit	
Examiner Name	

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**Horizontal Reaction Chamber Comprised of Nested, Concentric Tubes for Use in Water Purification**

(Title of the Invention)

the specification of which

 is attached hereto**OR** was filed on (MM/DD/YYYY)   as United States Application Number or PCT InternationalApplication Number   and was amended on (MM/DD/YYYY)   (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? Yes	Certified Copy Attached? No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to:  Customer Number: \_\_\_\_\_ OR  Correspondence address below

**Name**

Catherine Joan Walsh

**Address**

Mote Marine Laboratory, 1600 Ken Thompson Parkway

City Sarasota	State FL	ZIP 34236
Country U.S.A.	Telephone 941-388-4441 x 302	Fax 941-388-4312

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**NAME OF SOLE OR FIRST INVENTOR:**  A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) Richard Kevin	Family Name or Surname Curfee
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Inventor's Signature <i>Richard Kevin Curfee</i>	Date 10/21/03
--	------------------

Residence: City Bradenton	State FL	Country 34205	Citizenship U.S.
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Mailing Address  
3210 15th Ave. West

City Bradenton	State FL	ZIP 34205	Country U.S.
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**NAME OF SECOND INVENTOR:**  A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) Richard H.	Family Name or Surname Paetsch
---	--------------------------------------

Inventor's Signature <i>Richard Paetsch</i>	Date 10/21/03
---	------------------

Residence: City Sarasota	State FL	Country U.S.A.	Citizenship U.S.
-----------------------------	-------------	-------------------	---------------------

Mailing Address  
3214 Dunbar Dr.

City Sarasota	State FL	ZIP 34232	Country U.S.A.
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Additional inventors or a legal representative are being named on the \_\_\_\_\_ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.

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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	Richard Kevin Curlee
Title	
Art Unit	
Examiner Name	
Attorney Docket Number	MML-2-UTIL

I hereby appoint:

Practitioners associated with the Customer Number:

*OR*

Practitioner(s) named below:

Name	Registration Number
Cecilia A. Walsh	45,659
Catherine J. Walsh	51,363

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

The address associated with the above-mentioned Customer Number:

*OR*

The address associated with Customer Number:

*OR*

<input checked="" type="checkbox"/>	Firm or Individual Name	Catherine J. Walsh			
Address		Mote Marine Laboratory			
Address		1600 Ken Thompson Parkway			
City	Sarasota	State	FL	Zip	34236
Country	U.S.A.				
Telephone	941-388-4441 x 302	Fax	941-388-4312		

I am the:

Applicant/Inventor.  
 Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)*

**SIGNATURE of Applicant or Assignee of Record**

Name	Richard Kevin Curlee		
Signature	<i>Richard Kevin Curlee</i>		
Date	Oct. 22, 03	Telephone	941-750-8890

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of 2 forms are submitted.

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Application Number	
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First Named Inventor	Richard Kevin Curlee
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Art Unit	
Examiner Name	
Attorney Docket Number	MML-2-UTIL

I hereby appoint:

 Practitioners associated with the Customer Number: 

OR

 Practitioner(s) named below:

Name	Registration Number
Cecilia A. Walsh	45,659
Catherine J. Walsh	51,363

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

 The address associated with the above-mentioned Customer Number: 

OR

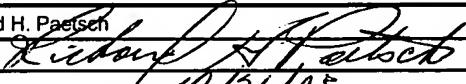
 The address associated with Customer Number: 

OR

<input checked="" type="checkbox"/>	Firm or Individual Name	Catherine J. Walsh	
Address	Mote Marine Laboratory		
Address	1600 Ken Thompson Parkway		
City	Sarasota	State	FL
Country	U.S.A.		
Telephone	941-388-4441 x 302	Fax	941-388-4312

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)***SIGNATURE of Applicant or Assignee of Record**

Name	Richard H. Paetsch
Signature	
Date	10/31/05
Telephone	941-371-2122

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

 \*Total of 2 forms are submitted.

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